2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000098716

1. Entity Name
J&J LANDSCAPE AND DESIGN, INC.

Principal Place of Business	Mailing Address
901 PALMETTO DR	901 PALMETTO DR
COCONUT CREEK, FL 33066	COCONUT CREEK, FL 33066

DO NOT WRITE IN THIS SPACE

01212005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0721231	✓ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NOONAN, JOHN
901 PALMETTO DR
COCONUT CREEK, FL 33066

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IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U000000328175
04/25/05-80063-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NOONAN, JOHN
STREET ADDRESS	901 PALMETTO DR
CITY-ST-ZIP	COCONUT CREEK, FL 33066

TITLE	V
NAME	NOONAN, KIMBERLY
STREET ADDRESS	901 PALMETTO DR
CITY-ST-ZIP	COCONUT CREEK, FL 33066

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Kimberly Noonan_   Kimberly Noonan   4-21-05   954-977-9196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #